

L17000849130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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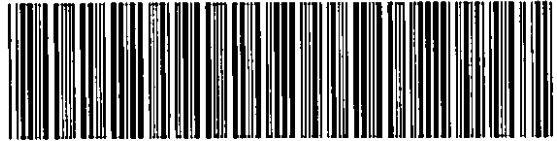
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

D PRUCE
JUL 28 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JJADE REAL ESTATE HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEROME R. FLETCHER

Name of Person

JJADE, LLC

Firm/Company

N7080 RIVERWOODS DR.

Address

SHEBOYGAN, WI 53083

City/State and Zip Code

GO2FORTMYERSBEACH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEROME R. FLETCHER

Name of Person

920

at ()

Area Code

980-3044

Daytime Telephone Number

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TALLAHASSEE FLORIDA

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JJADE REAL ESTATE HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/05/2017 and assigned
Florida document number L17000249130.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

253 ALBATROSS STREET

FORT MYERS BEACH, FL 33931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N7080 RIVERWOODS DR.

SHEBOYGAN, WI 53083

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TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JEROME R. FLETCHER

New Registered Office Address: 253 ALBATROSS STREET

Enter Florida street address

FORT MYERS BEACH, Florida 33931

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	1031 REVERSE EXCHANGE C	1520 ROYAL PALM SQ BLVD.	<input type="checkbox"/> Add
		#320, FT MYERS, FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JJADE, LLC	253 ALBATROSS STREET	<input checked="" type="checkbox"/> Add
		FORT MYERS BEACH, FL	<input type="checkbox"/> Remove
		33931	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

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TALLAHASSEE FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 17 2018

Theresa Krowen

Signature of a member or authorized representative of a member

THERESA KNOWER, MANAGER OF 1031 REVERSE EXCHANGE COMPANY, LLC

Typed or printed name of signee